

FD-20 (Rev. 12-03) APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12-03)

1. CIR. DIST. DIV. CODE Newark		2. PERSON REPRESENTED Terrence Oliver		VOUCHER NUMBER		
3. MAG. DKT. DEF. NUMBER		4. DIST. DKT. DEF. NUMBER 03-844-21		5. APPEALS DKT. DEF. NUMBER		
7. IN CASE MATTER OF (Case Name) US v Dillard, et al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Other		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee		
10. REPRESENTATION TYPE (See Instructions)						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list up to five major offenses, charged according to severity of offense.</i> Violation of supervised release (1,2,3,4,5)						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  Linwood A. Jones, Esq.  Telephone Number 201-755-8540			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> X F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Lisa Mack, AEPD Appointment Dates _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR Other (See Instructions) _____ Signature of Presiding Judge or By Order of the Court _____ 10-1-12 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  55 Washington St. Suite 602 East Orange, NJ 07017						
<b>CLAIM FOR SERVICES AND EXPENSES</b>			<b>FOR COURT USE ONLY</b>			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:						
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>						
19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment/compensation or anything of value from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>						
23. IN COURT COMP	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR. CERT.		
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE		
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS, OR DELEGATE (Payment approved in excess of the statutory threshold amount)			DATE	34a. JUDGE CODE		